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COMMITTEE ON ECONOMIC, SOCIAL AND CULTURAL RIGHTS

Sixth session

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Held at the Palais des Nations, Geneva,
on Monday, 9 December 1991, at 3 p.m.

Chairman: Mr. ALSTON

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The meeting was called to order at 3.15 p.m.

GENERAL DISCUSSION ON THE TOPIC OF SOCIAL AND ECONOMIC INDICATORS (agenda item 8) (continued)

1. Mr. ORLEY (World Health Organization), noted that the International Covenant on Economic, Social and Cultural Rights recognized, in article 12, "the right of everyone to the enjoyment of the highest attainable standard of physical and mental health", and mentioned a number of health indicators. The World Health Organization defined health as a state of complete physical, mental and social well-being, and considered that no single one of those three aspects was more important than the others. However, the fact that health was generally perceived as the absence of disease accounted for the prevalence among health indicators of indicators relating to the absence of disease. That aspect was also the one on which most of the work of ministries of health and government departments focused.

2. The most common indicators were generally related to the issues mentioned in article 12 of the Covenant, namely mortality rates and morbidity rates, particularly in the case of notifiable diseases, although they were also derived from epidemiological studies. Other areas in which data was available, although perhaps harder to come by, concerned the development of children, for example through the recording of their birth weight, which was of relevance to article 12 of the Covenant.

3. Where the healthy development of children was concerned, sectors other than health were involved, such as education.

4. Individual indicators, such as the infant mortality rate, could be collected and then aggregated at the community or national level. There were also other community-wide indicators that could be drawn on, such as statistics on alcohol or cigarette consumption, which were generally available from ministries of finance.

5. With regard to some of the points made during the previous meeting, he pointed out how difficult it was to determine from national indicators the extent to which particular rights were enjoyed in a given country. For the past 15 years the World Health Organization had been concerned with the issue of equity in health care, a preoccupation that was reflected in its "health for all" approach. Although it was difficult to compare one country to another in terms of health care, the degree of equity within a particular country was a more significant indicator, and could moreover be monitored. It was an issue which some countries had already addressed, and he mentioned the Black Report, prepared in the United Kinguom some 10 years previously. If there was a marked difference in the infant mortality rate of different racial or social groups within a country, then it could be taken as a powerful indicator of unequal access to health care that was worth the Committee's attention.

6. He also made the point that the approach adopted by WHO was quite different from that of the human rights monitoring bodies in that it was by no means an adversarial approach. The aim of WHO was to provide States with technical support in the provision of health care.

7. In the field of mental health, WHO specifically assisted countries in establishing mental health legislation, whose existence was itself an indicator of the level of health care. He noted that the General Assembly was due to approve a document setting out the rights of the mentally ill. It might be worthwhile for the Committee to determine whether mental health legislation existed in countries, and the extent of its coverage. WHO was working on the development of a mental health index that would contain components similar to the development indicators already mentioned. More specifically, the extension of health insurance coverage to mental illness could be an important consideration. There were countries that specifically excluded mental health from health insurance, a restriction that seemed incompatible with article 12 of the Covenant.

8. Lastly, in respect of policy, he suggested that it might be worth looking into such indicators as whether Governments had a specific policy in respect of mental health, or even in respect of issues such as alcohol and cigarette consumption.

9. Mr. ORZESZYNA (World Health Organization) said that the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, recognized by the Covenant, had also received recognition in two resolutions adopted by the World Health Assembly in 1970, which had declared the right to health to be a fundamental human right (WHA 23.41), and the attainment by all peoples of the highest possible level of health to be the main long-term objective of WHO (WHA 23.61).

10. The difficulty of measuring progress in the field of health was compounded by the absence of any agreed definition as to what actually constituted health. With regard to equity in the provision of health, to which the previous speaker had already drawn attention, he mentioned a recent development concerning the provision of health care in the developing countries. It had become generally accepted that the developing countries experienced a process of epidemiological transition, similar to the phenomenon of demographic transition, whereby a predominance of infectious diseases involving high infant mortality rates was replaced by a pattern in which non-communicable, chronic diseases gained importance. However, a WHO study had set out to demonstrate that such a view was biased and that it tended to blur the differences within developing countries between the haves and have-nots, with a consequent misallocation of resources. The study warned against diverting resources from combating communicable diseases and stressed the importance of maintaining the emphasis on improving infant mortality rates.

11. There was a proliferation of health indicators, largely attributable to the need of international agencies for indicators to be used primarily in order to assess the effectiveness of their own programmes, and which were not necessarily suited to the needs of national health management. He suggested that any international health indicators should first and foremost be a useful tool for national health purposes, and their value for global monitoring should be of secondary importance.

12. In assessing the value of indicators, he suggested that the first criterion should be usefulness in terms of action at the family, community and district levels. Secondly, they should be useful at the managerial level and should generate information that contributed to the management of a national health programme. Another important criterion was the ease with which the data could be collected and measured, and its accessibility to service staff at the local level through routine records. Clarity was also an important consideration, and the health indicator should represent a single clear concept which could be perceived universally as reflecting an important health problem. He suggested that composite health indicators were not particularly significant as they satisfied none of the criteria mentioned and provided managers with no indication as to the action that was desirable. In contrast, a high infant mortality rate could indicate a need for specific measures. Indicators should also be consistent and valid and be capable of measuring, in different settings, the actual phenomenon they were purported to record. Lastly, they should be of national relevance and serve to measure progress towards national goals as well as being capable of being collected at a reasonable cost.

13. Mr. BASTA (United Nations Children's Fund) warned the members of the Committee that the whole field of indicators and of monitoring could be described as a nightmare on account of the difficulty of assessing cause and effect in development. He had spent many years, both at the World Bank and at UNICEF, attempting to evaluate the effectiveness of those organizations' programmes in the fields of nutrition, health, women and children. His experience had led him to the conclusion, reflected in UNICEF's most recent publications, that there were only two approaches: a rapid and a slow one. For instance, in respect of infant mortality levels, and the height and weight of children, it was necessary to wait many years in order to be able to ascertain whether there had been any change. A comparison made among different population groups in the same country required even more time on account of the need to duplicate surveys in order to eliminate observer bias. The time needed to organize surveys and to record data meant that the time-lag was even greater and involved further complication and expense. In his view, the Committee could save time by choosing two simple indicators, such as infant mortality and morbidity, on which it could carry out surveys on a 5- or 10-year basis. Surveys involving shorter periods would be counter-productive as they would involve additional expense, and because infant mortality and morbidity changed slowly. If the objective was to measure differences between groups, countries might also be tempted to claim statistical significance for a small change in percentage points for infant mortality, which would give rise to an intractable argument. If the Committee intended to venture into the field of indicators, it would require facilities, resources and determination, and it should be prepared to detect differences that might not, after all, appear significant.

14. He said that a prime criterion in the choice of indicators should be rapid availability from individuals rather than from official sources. The rapid assessment method developed by UNICEF involved a small number of questions that could even be memorized, thus dispensing with the need for a written questionnaire. The questions could be asked by enumerators in villages or in different parts of cities, and could be collated at the end of the day to provide an interesting and clear picture of the situation

within a particular group. The method could be extrapolated to other groups; it was extremely mobile, and its soundness from a statistical angle had been demonstrated. The questions asked generally related to what he described as the human condition and focused on food and nutrition, which were extremely sensitive to changes in the environment, unlike mortality which took longer to be reflected in statistics. The main element involved determining what people considered to be an adequate diet and then finding out whether people were satisfied with that diet and whether it was available to population groups in a country, thus dispensing with the need for technical consideration such as calorie intake. It was sufficient merely to ask the population about their degree of satisfaction in terms of the diet thus defined. A second element was prices. It was very important to define a basic food basket, which might vary from one group to another. It was then possible to ask how many members of a particular group had access to the basic food basket, and the relevant information could be monitored by local people on a week-to-week basis to determine whether families were receiving adequate food.

15. UNICEF had found that one of the best ways to monitor the status of women was to determine their access to banking and credit facilities, especially in rural areas, by investigating, on a regular basis, the number of women who worked and had bank accounts and the availability of local credit mechanisms.

16. Another very important quality-of-life indicator was access to water and adequate sanitation. It was relatively simple to count the number of households with running water, house connections, latrines and waste disposal facilities, for instance, and also to determine how much was charged for such services in order to determine whether they were affordable, whether subsidies were available, and in general, whether there was any discrimination.

17. On the subject of children's education, UNICEF was particularly concerned, not only with school enrolment figures, but also with drop-out rates and divisions between the sexes. There were two main methods of obtaining such data. The first was to consult official statistics but, even in the developed countries, they were often out of date and not very reliable. The other preferable approach was to go straight to the people by conducting point surveys directed toward a target group in which inequalities were thought to exist.

18. Finally, although he was aware that the idea of a composite index was not generally favoured, he believed that an area worth exploring was that of some kind of global satisfaction index in respect of the rights covered by the Covenant.

19. Mr. MICOVIC (World Health Organization) stressed the importance of building on experience in developing health indicators. WHO's involvement in the monitoring and evaluation of health status and health care activities had begun in 1978 with the launching of "health for all" as a global goal. In 1981 agreement had been reached on 12 global indicators for monitoring progress towards health for all by the year 2000. The aim was to help countries to develop their own indicators. An initial evaluation exercise had been performed in 1985, and the report of the second evaluation of the

health-for-all strategy was currently being finalized. The report had been compiled on the basis of information from all available country, regional and global sources.

20. The 12 global indicators for monitoring and evaluating health-for-all strategies included, first, two health policy indicators, namely the endorsement by countries of health-for-all policies, and satisfactory involvement of the people in health-for-all strategies through fully operational mechanisms. The next group of indicators covered resources, namely the percentage of gross national product (GNP) spent on health, the percentage of national health expenditure devoted to local health services, the number of countries in which resources for primary health care were becoming more equitably distributed, and the amount of international aid received or given for health. Next came a group of indicators dealing with primary health care coverage, such as accessibility of safe water and excreta disposal, immunization, local health services, including availability of essential drugs, attendance by trained personnel for pregnancy and childbirth, and caring for children up to at least one year of age, and the percentage of women of child-bearing age using family planning. There were then another three indicators on the health status of the population: the percentage of newborns weighing at least 2,500 grams at birth and the percentage of children whose weight-for-age and/or weight-for-height were acceptable; the infant mortality rate, maternal mortality rate and probability of dying before the age of five years; and life expectancy. Finally, there were two indicators of social and economic development: the adult literacy rate, by sex, and the per capita GNP.

21. By and large, he was not pessimistic about the usefulness of the indicators, since experience showed that in many areas the health status of the world's population was improving. The development of indicators and their analysis, were, however, a continuing process; it was hoped that in the current evaluation and in the future further refinement of the indicators would yield more information on effectiveness in terms of quality and equality of input and outcome rather than on efficiency, as was now the case.

22. The CHAIRMAN asked when the new evaluation report would be available, since it would be highly useful to the Committee.

23. Mr. MICOVIC (World Health Organization) said that the report was to be submitted to the WHO Executive Board in January 1992 and the final version would be available after the World Health Assembly in May that year.

24. Mrs. JIMENEZ BUTRAGUEÑO said she wished to know, for her research and report on the problems of the elderly, whether WHO had any specific data on the health status of elderly people.

25. Mr. MICOVIC (World Health Organization) said that the substantial information contained in WHO's reports included a breakdown by groups, including the elderly. It was, however, based more on mortality than on morbidity rates, a weak point that WHO was hoping to overcome in its next evaluation, which was expected to include comprehensive data on the health

status of the elderly population, especially over the age of 65. They would relate, among other things, to the important question of the utilization of funds and resources for and by that age group.

26. Mrs. JIMENEZ BUTRAGUEÑO asked specifically whether information was available not only on mortality rates but also on the causes of mortality among the elderly population.

27. Mr. MICOVIC confirmed that such information was available but specified that the information concerning developed countries was based on precise data provided by the countries, whereas that concerning developing countries was based primarily on estimates and research findings.

28. Mrs. BONOAN-DANDAM asked why no precise statistics were available on the developing countries.

29. Mr. MICOVIC (World Health Organization) replied that a country's health system and services as a whole needed to be effective and fully operational in order to gather reliable information and analyse it. Many developing countries lacked such resources.

30. Mrs. BONOAN-DANDAM specified that she was questioning the usefulness of indicators or indeed of the kind of investigation or monitoring procedure involving community surveys referred to earlier, if it were true that precise data could not be collected for the developing countries.

31. Mr. MICOVIC (World Health Organization) explained that his comment had concerned only the analysis of data and had been prompted by the need to be realistic. The quality of data from the developed and developing countries was not the same, and WHO and the countries themselves were doing all they could to improve the situation, beginning with an improvement in their health systems as a whole. WHO was currently engaged in providing special support for the Governments of 20 countries most particularly in need in regard to planning, evaluation and information.

32. Mrs. PINET (World Health Organization) said, by way of further clarification, that, for reasons of scientific accuracy, it was only fair to say that estimated data were inevitably less reliable than data provided by countries with a highly developed data collection and monitoring system. Even in some European countries, data collection tended to be a secondary concern.

33. Mr. SIMMA recalled that the guidelines which the Committee had adopted in December 1990 included most of the health indicators just enumerated as a result of the valuable input received from WHO.

34. In view of the Committee's specific task of monitoring States parties' obligations under the Covenant and hence of drawing attention to violations of the rights covered, he asked whether the representatives of WHO had any yardstick for measuring violations of the right to health or whether the notion of violation was alien to that Organization.

35. Mr. ORLEY (World Health Organization) said that the question did not arise, since WHO was not mandated to consider violations.

36. Mr. ORZESZYNA (World Health Organization) said that, since health was a continuum, it was impossible to determine a cut-off point. Defining health itself was a very difficult task, being a matter of interpretation. Since its inception, WHO had moved from an idealistic definition of "the highest attainable standard of health" towards seeing the right to health as the right of everyone to lead a socially and economically productive life. Certain criteria did exist for the 12 global indicators, such as those concerning infant mortality, but the differences between countries were so huge that it was impossible at the present stage to define precisely the right of an infant to live.

37. Mrs. PINET (World Health Organization) thought that it should still be possible for indicators to reflect a basic minimum level.

38. Mr. MICOVIC (World Health Organization) said that a basic minimum was a relative concept. For instance, an infant mortality rate of 5 per 1,000 might be appropriate in Norway, Sweden or Japan, but would probably not be attainable in India until the year 2030 or 2040. The targets were not comparable. Even within India, where the global target for infant mortality was 60 per 1,000, the figure ranged from 20 per 1,000 in Kerala to 150 per 1,000 elsewhere.

39. Mr. KOTHARI (National Campaign for Housing Rights - India), speaking on behalf of a people-based organization that had spent the last four years trying to establish indicators to measure the decline in living conditions in India, said that that issue needed to be approached from the new standpoint of the stress to which people were subjected as a result of their living conditions.

40. Policies, legislation and budgetary measures on the question of living conditions were almost invariably ill-focused, since they were based on the totally false assumption that those conditions were improving. Nor were existing indicators adequate to measure the state of attainment of economic, social and cultural rights.

41. His organization wished to propose a number of indicators it considered useful as a means of measuring the attainment of adequate living conditions. The first indicator concerned security of tenure and the level of evictions, an issue which, to the best of his knowledge, was at present being monitored only by non-governmental organizations. Instruments such as the resolution on forced eviction recently adopted by the Sub-Commission on Prevention of Discrimination and Protection of Minorities could act as a catalyst in that area.

42. Further indicators were: quality of shelter (i.e. the materials used in its composition) and quantity of shelter (related to the existing but unsatisfactory indicator of housing stock); quality of civic services, such as sanitation; population density; and environmental conditions, such as proximity to hazardous industry and disaster-prone areas. All those indicators should be built into a composite index to measure housing stress.

43. Other factors that needed to be measured were homelessness, lopsided allocation of resources at the expense of poor urban areas and rural areas in

general, and the impact of related policies and allocations (to agriculture, energy, industry and the environment, for example) on the state of living conditions. From the standpoint of housing rights and in order to comply with article 11 (1) of the Covenant, proximity to health care, livelihood opportunities and public distribution systems also needed to be considered.

44. At the general level, it was important to replace a "basic needs" approach with a "basic rights" approach in dealings with Governments. Furthermore, the Committee should play a greater role as a link between the United Nations system and non-governmental organizations and people's movements, initiating a dialogue as a means of making people at grass-roots level aware of the manner in which States were required to bring about the realization of economic, social and cultural rights. The Committee should play a role as a source of knowledge, establishing criteria for the accountability of the State, and providing people's organizations with ammunition for use in their discussions regarding development projects, in which they could not at present come up with sophisticated social indicators to compete with the economic indicators put forward by the authorities. In that context, the Committee could also assist in demystifying technical issues such as nuclear energy and structural adjustment packages.

45. He concluded by proposing a further list of indicators that could be used to measure compliance with the right to housing. Those indicators included: the number of absolute homeless; the number of persons inadequately housed; the number of persons or families without adequate security of tenure; the number of persons evicted, and the number of those evicted who received adequate alternative accommodation or compensation; the number of persons with access to housing-related services; the type of opportunities provided for people to control and participate in decision-making in that area; disaggregated figures by region relating to gender, living space, income, race, etc.; the percentage of household budget devoted to housing costs, by region; land distribution, land usage, and access to land as an entitlement; and the number of policies aimed at the achievement of security of tenure.

46. Mr. LADOR (World Association for the School as an Instrument of Peace), referring to the right to education, singled out access to education, the aims of the educational system and the curriculum as issues of particular significance in that regard. The first of those issues had already been satisfactorily covered by the representative of UNICEF. With regard to the aims of educational policy, more satisfactory qualitative indicators were needed. Article 13 of the Covenant stated that education should enable all persons to participate effectively in a free society; yet rates of unemployment among school-leavers showed that high rates of school attendance did not in themselves guarantee realization of that aim, and that they might even give rise to inequalities, frustration and conflicts within society.

47. Regarding the curriculum, it was important, when evaluating the contents of the reports submitted by States parties, to consider whether a country's educational system provided education in human rights, as well as suitable back-up, teacher-training and evaluation measures, to ensure that the aims of article 13 (1) of the Covenant were attained.

48. Turning to environmental questions, which were touched on in articles 11 and 12 of the Covenant, he said that in recent years a wealth of data on the degradation of essential environmental resources had become available, and that those data should be of value to the Committee in its task of evaluation. Much work had also been done on ecological balances at national level, and the concept of "thresholds" had been developed as a means of evaluating the short- and long-term risks to which populations were exposed against their will, merely by virtue of their living conditions - a concept that tied in with the concepts of a "violation" and of the choices available to individuals, to which reference had previously been made. It should be possible to provide indicators of the extent to which individuals' choices were limited by environmental degradation. He concluded by pointing out that recent studies of countries such as El Salvador and Haiti had established that violations of individuals' civil and political rights were always preceded by violations of their environment - evidence of the important link between the Committee's work and environmental issues.

49. Mr. WESTENDORFF (United Nations Research Institute for Social Development) said that it was difficult to accept threshold levels for indicators in order to determine violations of the Covenant. The fact was that the goal posts were always moving owing to technical changes in various fields. Moreover, statistics in one field might be partially offset by those in another: for example, the existence of an unemployment rate of 10 per cent in France might be regarded as unsatisfactory under article 6 of the Covenant but on the other hand, unemployment benefits in France were fairly generous. One might also cite the spectacular decrease in infant mortality in China during the 1950s and 1960s and inquire why, if that success could be achieved in one of the poorest countries according to per capita income, it could not be achieved by others. Factors like climate and topography had a structural impact on certain indicators, as for example, in the health sector. It was difficult to be fair in judgements based on a single threshold level.

50. Mr. SCHULENBURG (United Nations Development Programme) said that two completely different concepts were in question: the first was the Committee's need for legal standards against which to measure violations of the Covenant and the second was the use by the specialized agencies of indicators in a dynamic situation in which the present was set against desirable future developments within the same context. In his view, how Governments allocated their resources in their budgets was an important indication of which fields they regarded as the best investments.

51. Mr. KUNNEMANN (Food, Information and Action Network - FIAN) said that the question was not, for example, what the threshold level should be in the health sector, below which it should be deemed that the right to health had been violated. Regard must also be had to what Governments in the third world could fairly be expected to achieve, even with the optimal use of their resources. The problem was to find some means of measuring situations of that kind.

52. Mr. SWEPSTON (International Labour Organisation) said that economic progress could be measured either against a country's previous performance or against its performance relative to other countries. Human rights bodies were required to measure performance against legal instruments. That was the

division between human rights bodies and the development agencies. His own organization straddled that division. Turning to specific articles of the Covenant, he said that article 9 was clearly inspirational and did not provide any standard; it was possible only to measure progress over time or comparative performance. However, article 7 was more specific and provided in subparagraph (d) a number of indicators which could easily be measured. In conclusion, he said that ILO and the other specialized agencies had a great deal of precise and objective information which they could provide at the Committee's request.

53. Mr. KONATE said that there was a considerable gulf between the assumptions behind UNDP's work and the ideas of the Committee. UNDP reports were couched almost wholly in terms of quantity based on the assumption that human development was possible only under a specific economic system geared towards laissez-faire and free markets. That in itself constituted a paradox if the State was to be held responsible for standards in education or in working conditions. On the other hand, the Committee held qualitative ideas in respect of social progress which could not readily be measured by figures. Statistics took no account of social and economic circumstances and could too easily be manipulated. The problem was to evaluate the particular difficulties faced by each country.

54. Mr. SIMMA said that in his view the Committee had a twofold task. It must adopt a legal stance on a State party's obligation to protect and respect its nationals, as for example in the matter of discrimination or mass evictions. On the other hand, the Committee was on more slippery ground when it came to the obligation of a State party to provide certain services. In that area, the Committee had to resort to value judgements.

55. Mr. WESTENDORFF (United Nations Research Institute for Social Development) said that there must be some middle ground: the Committee would not always be able to quantify performance but it could assess the relative weight of various kinds of evidence and then apply moral suasion to the States parties.

56. Mr. SCHULENBURG (United Nations Development Programme) said that the question of a State party's obligations really came down to the Government's allocation of resources - if it allocated 20 per cent of the budget to military expenditure and only 5 per cent to education, there were grounds for thinking that there was a violation of the Covenant. A right as basic as the right to food depended on the production and allocation of economic resources.

57. The CHAIRMAN said that in the longer term, the Committee must perhaps face the challenge of insisting that a State party's budgetary allocations satisfied basic economic and social rights; States, however, jealously guarded their sovereign right to allocate their resources as they wished. It could be argued that States parties to the Covenant had qualified their prerogative in that regard.

58. Mr. LECKIE (Habitat International Coalition) said that it was important for the Committee to formulate a long-term strategy on social and economic indicators. He suggested that a working group might be appointed to meet for

two or three days before each session in order to discuss in consultation with specialized agencies and non-governmental organizations the indicators that might be used for each specific right. The Committee should devote some time each session to the subject.

59. The CHAIRMAN thanked the representatives of the specialized agencies and the non-governmental organizations who had contributed to what had been a valuable discussion. Immediately prior to the Committee's next session, a seminar would be held on the subject, including the preparation of papers by experts.

The meeting rose at 5.45 p.m.